

# CORRESPONDENCE

*The Eugenics Society is not responsible for opinions expressed by correspondents*

## INTRA-UTERINE DEVICES

*To the Editor, The Eugenics Review*

Sir,—Dr. Mears\* demurs to my contention that intra-uterine devices should be regarded as pernicious and goes on to suggest that a significant body of gynaecological opinion favours the Grafenberg ring. That suggestion is somewhat at variance with the Report of the Royal Commission on Population which refers to this method, *inter alia*, as one that is both condemned and used by few doctors (*Report of the Biological and Medical Committee*. Vol. IV, para. 45.) If, as Dr. Mears admits, doctors who recommend the Grafenberg ring tend to deem it prudent to restrict its use to women who have finished child bearing, while other women are liable to find themselves delivered of the ring at the same time as the baby whose conception it has failed to prevent, these considerations appear to reinforce rather than mitigate the further contra-indications involving physiological mischief.

Competent medical opinion may surely be reflected in the judgements of the Director of the Fertility Clinic of University College Hospital, who has exposed a basic unreliability in stating

that about one ring in eight is extruded without the patient's knowledge. Regarding stem pessaries, he states they are frequently responsible for endometritis, salpingitis and peritonitis and that by their prolonged irritant action, they may dispose to the development of cancer. "There seems to be no doubt," he writes, "That they act by preventing the implantation of the fertilized ovum as the result of chronic inflammation of the endometrium," and adds that "Grafenberg rings are no less objectionable." Left in place for months or years and probably acting as abortifacients rather than as true contraceptives, this writer goes on to say that this probability alone condemns the Grafenberg ring in the view of most authorities. Like stem pessaries, these rings "may be responsible for uterine or tubal infection, and for heavy uterine bleeding." (Swyer, G.I.M. 1954. *Reproduction and Sex*. p. 175.)

Until evidence is produced which demolishes the facts which have formed such judgements as these, there is good reason for rejecting intra uterine contraceptive devices of every kind.

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